STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155298	A. BUILDING 00 B. WING	10/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PYRAMID POINT POST-ACUTE REHABILITATION CENTER	8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260

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F0000	This visit was for a Recertification and State Licensure Survey. Survey dates: October 1, 2, 3, & 4, 2012 Facility number: 000195 Provider number: 155298 AIM number: 100267690 Survey team: Lora Brettnacher, RN, TC Diana Zgonc, RN Christi Davidson, RN Connie Landman, RN Census bed type: SNF/NF: 68 Total: 68 Census payor type: Medicare: 8 Medicaid: 57 Other: 3 Total: 68 These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2. Quality review completed 10/9/12 Cathy Emswiller RN	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F0282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, record review, and interview, the facility failed to provide care according to the resident's plan of care for 1 of 4 residents reviewed for activities of daily living being provided and 1 of 13 residents reviewed for physicians orders being followed (Resident #60 and Resident #51). Findings: 1) Resident #60's record was reviewed on 10/2/2012 at 10:05 A.M. Resident #60 was admitted to the facility on 3/6/12 and had current diagnoses which included but were not limited to mental status changes, syncope, risk for falls and vascular dementia. A nurse's note dated 8/17/12 indicated Resident #60 was alert to self only, required extensive assist of one staff for toileting, transfers, bed mobility, bathing, and grooming. This note indicated Resident #60 could brush her own teeth. During an interview on 10/2/2012 at	F0282	This plan of correction is the center's credible allegation of compliancePreparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because itis required by the provisions of federal and state law.F 282:It is the practice of the facility to provide services by qualified persons in accordance with each resident's written plan of care.Resident 60 was assessed to determine assistance needed for completion of oral care and care plan updated accordingly. Resident 60 was also assessed by Dentist with no identified issues. Resident 51 B/P and pulse parameters were added to the medication record. Residents requiring assistance with oral care and residents receiving anti-hypertensives with physician ordered parameters for B/P monitoring and holding/administering anti-hypertensives have the potential to be affected.Licensed staff (B/P) monitoring, med	11/03/2012

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	9:16 A.M., Resident #60's daughter indicated her mother was not getting her teeth brushed like she should. She stated, "I threw away a tooth brush that had tooth paste caked in it." She indicated she visits almost everyday and at night she helps with her mom's mouth care but she requested her teeth be brushed twice a day and it was not being done. She indicated when she visits her mom she notices debris in her teeth and her mom picks at her teeth because of the debris in her teeth. She stated, "I think she does have mouth pain but she is from a generation that does not complain." Resident #60's current care plan originally dated 8/29/2012 and last updated 10/1/2012 indicated resident had an ADL (activities of daily living) self-care deficit related to dementia and required assistance with ADLs. A goal for Resident #60 included having her needs met. Interventions to meet this goal included providing mouth care twice a day and prn (as needed). During an interview on 10/3/2012 at 10:10 A.M., CNA #5 indicated Resident #60 could brush her own teeth after staff set up the supplies at the sink. CNA #5 indicated oral care was not documented anywhere		administration, oral care) and unlicensed staff (oral care) have been re-educated on the expectation of providing services as ordered by the physician and in accordance with their individualized plan of care.Residents with physician ordered parameters for B/P monitoring and holding/administering anti-hyperte nsives have been reviewed and B/P monitoring added to the MAR as is appropriate.Residents requiring assistance for twice daily routine oral care have been identified on the resident plan of care.The DON/designee will audit MARs and B/P documentation and adherence to MD orders for holding.adminisering anti-hypertensives per physician ordered parameters. DON/designee will complete 5 oral assessments 2x/week on day/eve shifts x1 month then monthly x4 months to assure oral care is provided per the resident's individualized plan of care. Audit results will be reviewed in the facility monthly QA&A meeting x6 months with a subsequent plan developed and implemented as necessary.	

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	because it was considered part of daily bathing. CNA #5 indicated he could not verify oral care was being provided twice a day. During an interview on 10/4/2012 at 8:55 A.M. and again at 10:10 A.M., the ED (Executive Director) was asked to provide documentation showing Resident #60's teeth had been brushed twice a day as indicated they would be in her care plan. The facility was unable to provide this documentation. 2. The record for Resident # 51 was reviewed 10/2/12 at 2:15 P.M. Current diagnoses included, but were not limited to, diabetes mellitus type 2, seizure disorder, hypertension (HTN), depression, degenerative arthritis, congestive heart failure (CHF), bullous pemphigoid, constipation, dementia with behaviors, and Alzheimer's Disease. A care plan, dated 2/10/12 and last updated 8/8/12, indicated a risk of altered cardiac output related to HTN and CHF. Interventions included, but were not limited to, monitor vital signs and observe for hypertensive episodes - report to MD.			

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	The current, October 2012, recapitulation of physician's orders indicated Resident # 51 was to receive Metoprolol Tartrate 50 mg (milligrams) 1 tablet orally twice a day for hypertension and to hold if SB/P (systolic B/P -blood pressure) is less than 100 or if pulse is less than 60. This was originally ordered on 5/27/11. The July, August, and September, 2012, MARs (medication administration records) lacked documentation of B/P or pulse being taken twice a day before the administration of Metoprolol. During an interview on 10/3/12 at 4:20 P.M., the Administrator indicated the B/P's needed to be documented, it was the policy to document them. During an interview with the DON (Director of Nursing) on 10/3/12 at 4:30 P.M., she agreed the B/P results should have been documented. 3.1-35(g)(2)			

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F0334 SS=D	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS The facility must develop policies and procedures that ensure that -- (i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. The facility must develop policies and procedures that ensure that -- (i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;			

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	(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. (v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.			
	Based on interview and record review, the facility failed to ensure policies for administering and documenting the influenza immunization were followed for 2 of 5 residents reviewed for immunizations (Resident #29 & #52). Findings: Resident #29's record was reviewed on 10/3/2012 at 10:00 A.M. Resident #29 was admitted on 7/16/2007 and had current diagnoses which included but were not limited to	F0334	This plan of correction is the center's credible allegation of compliance,Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.F334:It is the practice of this facility to provide education to the resident or their legal representative of the benefits and potential side effects associated with influenza immunizations and to offer	11/03/2012

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	cognitive-linguistic deficit, Parkinson's disease, psychosis, depression, and hypertension. A document titled Consent for Influenza (Flu) Vaccine dated 9/30/2011 signed by Resident #29's responsible party indicated Resident #29 was to receive the flu vaccination. Resident #29's record lacked documentation he received the flu vaccination. During an interview on 10/3/2012 at 2:29 P.M., The Executive Director (ED) and the DON (Director of Nursing) were asked to provide documentation which indicated Resident #29 received the flu vaccination. During an interview on 10/4/2012 at 8:56 A.M., the DON indicated she had not found any further documentation. Resident #42's record was reviewed on 10/2/2012 at 1:52 P.M. Resident #42 was admitted on 6/1/2011 and readmitted on 12/6/2011. Resident #42 had current diagnoses which included but were not limited to hypertension, prostate cancer, multiple melanoma, and dementia. A document titled Consent for Influenza (Flu) Vaccine dated 9/9/11		influenza immunizations to residents in the facility or admitted to the facility during the period 10/1 thru 3/31 who have not already received the immunization and the immunization is not medically contraindicated.Residents 29 and 42 will be provided information on the benefits and potential side effects of the influenza immunization and offered the immunization. The influenza immunization will be administered as per their written consent or refusal when supply is received. Documentation will include the iinformed consent, date of the vaccination, lot #, expiration date, the person who administered, and the site of the vaccination.\Residents (or their legal representative as appropriate) currently in the facility and t hose admitted during the period 10/1 thru 3/31 will be provided information on the benefits and potential side effects of the influenza immunization and offered the immunization unless they have already received the immunization, or it is medically contraindicated. Immunizations will be administered as per the resident/legal representative written consent. Documentation of influenza immunizations will include the informed consent, date, site administered, lot #, expiration date, and the person who administered.Licensed staff have been educated and trained	

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	indicated Resident signed a consent to receive the flu vaccination. At the bottom of this form documentation indicated the following: "RVA 10/21/2012 with initials". The document failed to contain what was administered, a lot number, or an expiration date. During interview on 10/3/2012 at 2:29 P.M., The Executive Director(ED) and the DON (Director of Nursing) were asked to provide documentation which indicated Resident #42 received the flu vaccination. During an interview on 10/4/2012 at 8:56 A.M., the DON indicated she did not have any further documentation. A current policy titled Policies and Practices-Infection Control, provided by the Executive Director on 10/1/2012 at 10:00 A.M., indicated, "This facility's infection control policies and practices are intended to facilitate and maintain a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections. . . The objectives of our infection control policies and practices are to: prevent, detect, investigate, and control infections in the facility. .		on the above influenza immunization requirements.The infection control nurse/designee will monitor informed consent and the administration of influenza immunizations during the period 10/1 thru 3/31. Results will be reviewed in the facility's monthly QA&A committee meeting during this period as well with subsequent plan developed and implemented as necessary.	

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	.All residents and employees who have direct contact with residents will be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccinations against influenza. The facility shall provide pertinent information about the significant risks and benefits of vaccines to staff and resident (or resident's legal representatives). . . For those who receive the vaccine, the date of vaccination, lot number, expiration date, person administering, and the site of vaccination will be documented in the resident's/employee's medical record. Refusal will be documented on the Resident Influenza Immunization Informed Consent form and will include date, reason for refusal and signature." 3.1-13(a)			

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F0441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on employee record review	F0441	The plan of correction is the center's credible allegation of	11/03/2012

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	and interview, the facility failed to ensure 3 of 8 newly hired employees reviewed for Tuberculin (TB) skin testing, were administered the required TB screening testing to prevent the spread of infection. Findings: CNA (Certified Nursing Assistant) #1 was hired on 6/20/12. On 6/18/2012 CNA #1 was administered the first step TB test. The test was read and the results were documented as negative on 6/20/2012. The Second step screening test was not administered until 8/2/2012. Licensed Practical Nurse (LPN) #3 was hired on 8/23/12. On 8/21/2012 LPN was administered the required 1st step TB screening test. The test was negative. LPN #3 did not receive the 2nd step TB screening test. Housekeeping employee #2 was hired on 8/15/2012. He did not receive a TB screening test prior to beginning duty. During an interview on 10/3/2012 at 4:09 P.M., The Executive Director indicated CNA #1, LPN #3 and		compliance.Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in athe statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law.F441:It is the practice of this facility that all newly hired employees will receive the required TB screening testing.All residents have the potential to be affected. All current employee TB screening testing is current and in compliance with requirements.All personnel files have been audited for compliance. Hiring managers have been inserviced as well as the PR manager keeper of the personnel files in the business office. The administrator will randomly audit a minimum of 3 newly hired personnel files per month for 6 months to assure compliance.Personnel file audit results will be brought to the centers monthly QA&A for review and follow up is necessary.	

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	Housekeeping employee #2 were not administered the screening test per state regulations and the facility's policy. A current policy titled Tuberculosis, Employee Screening, provided by the Executive Director on 10/4/2012 at 10:27 A.M. indicated, All employees shall be screened for tuberculosis (TB) infection and disease, using a two-step tuberculin skin test (TST) or blood assay for Mycobacterium tuberculosis (BAMT) and symptom screening, prior to beginning employment . . . The Infection Control Coordinator (or designee) will administer a TST to all newly hired employees 2-3 days prior to the hire date and the employee ' s duty assignment. . . The initial TB test will be a two-step TST performed by injecting 0.1 ml (milliliters) (5 tuberculin units) of purified protein derivative (PPD) intradermally. If the reaction to the first skin test is negative, the facility will administer a second skin test 2 weeks after the first test. The employee may begin duty assignments after the first skin test (if negative) unless prohibited by			

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	state regulations. 3.1-14(t)(1)			